

### "FEE ADDRESS" INDICATION FORM

**Address to:**  
Mail Stop M Correspondence  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Fax to:  
571-273-6500

- OR -

**INSTRUCTIONS:** The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

X Customer Number: 26809

*OR*

☐ The attached Request for Customer Number (PTO/SB/125) form.

| PATENT NUMBER<br>(if known) | APPLICATION NUMBER |
|-----------------------------|--------------------|
| 6,850,642                   |                    |

Completed by (check one):

☐ Applicant/Inventor

|   |                             |            |
|---|-----------------------------|------------|
| X | Attorney or Agent of record | 41,198     |
|   |                             | (Reg. No.) |

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed.  
(Form PTO/SB/96)

|                           |       |
|---------------------------|-------|
| Assignee recorded at Reel | Frame |
|---------------------------|-------|

Signature

Signature \_\_\_\_\_

Gianni Minutoli

Typed or printed name

(202) 420-3191

Requester's telephone number

June 4, 2008

Date \_\_\_\_\_

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.